

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1						
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99						
100						
TOTAL INO.						
TOTAL DEP.						
TOTAL						

	1		2		3	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
61						
62						
63						
64						
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68						
69						
70						
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100						
TOTAL INO.						
TOTAL DEP.						
TOTAL						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/554419

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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42							92						
43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	11						TOTAL DEP.						
TOTAL CLAIMS	14						TOTAL CLAIMS						